

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 MAR 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03122008 REIN-P CR2E098 (1/07)

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| DOCUMENT # P05000164384 1. Entity Name I & L SERVICES AND PLUS CORPORATION | | | | | |
| Principal Place of Business 6844 PALMETTO CIRCLE SOUTH #101 BOCA RATON, FL 33433 | | | Mailing Address 6844 PALMETTO CIRCLE SOUTH #101 BOCA RATON, FL 33433 | | |
| 2. Principal Place of Business - No P.O. Box # P.O. Box # 880286 Suite, Apt. #, etc. | | 3. Mailing Address 8245 CEDAR Hollow Lane Suite, Apt. #, etc. | | | |
| City & State Boca Raton, Florida | | City & State Boca Raton, Florida | | 4. FEI Number 20-4323036 | |
| Zip 33488 | | Country Palm Beach | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AVILES, ISABEL G 6844 PALMETTO CIRCLE SOUTH #101 BOCA RATON, FL 33433 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP AVILES, ISABEL G 6844 PALMETTO CIRCLE SOUTH #101 BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8245 CEDAR Hollow Lane BOCA RATON, FL. 33433 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP RUIZ, JOSE E 6844 PALMETTO CIRCLE SOUTH #101 BOCA RATON, FL 33433 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8245 Cedar Hollow Lane Boca Raton, FL. 33433 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400121256434 03/25/08--01055--017 **300.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-08 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____ | | | | | |